THE STEPPINGSTONE $5k - \underline{FUND\text{-RAISING PARTICIPANT}}$ REGISTRATION FORM

Please Provide the Following Information

NAME:							
	S:						
			ZIP:	HOME PHONE:			
	:		-				
DATE OF BIRTH:		_ AGE ON DATE OF	RACE:	<u> </u>			
If you are assisting	someone in a wheelchair	only one person needs	s to be registe	red.			
I am unable to participate but wish to make a donation to the Steppingstone 5k for \$:							
act on my behalf rele kind arising out of m permission to use ar	ease SEVTC, State of Virginia y participation in this event.	a, all sponsors, represent I understand this race is gs of this event for any le	atives and succ s not intended f	nereby for myself and anyone entitled to essors for all claims and/or liabilities of any for strollers, baby joggers or dogs. I give se, to included annual report and newslet-			
Signature:		Date:					
	<u>Sele</u>	ct an Event to par	ticipate in	<u>.</u>			
□5K RUN (C	нір Тімед) - \$25	☐ 5K WALK (CHIP	Тімед) - \$25	5 ☐ 1 MILE RUN/WALK - \$5			
Personal Chip ID#:_		Male Female	•				
Please make C	Check out to: THE S	STEPPINGSTONE	<u>5k</u>				
The official 2008 5K Run and Walk-a-thon T-shirt is guaranteed for the first 250 registered							
My T-shirt size is:	Adult Small Adult I						

Please print this form, fill it in, and mail with check to:

Southeastern Virginia Training Center ATTN: Sarah Adams Cottage 4C 2100 Steppingstone Square Chesapeake, VA 23320

Or

SUBMIT ON DAY OF RACE

THE STEPPINGSTONE 5K

SPONSOR SHEET

Fir	st Name:	Last Name:						
De	Dear Potential Sponsor,							
pro		opingstone 5K Run and 1 Mile Walk-A-Thon as a as a Fo ts of Southeastern Virginia Training Center. You can sp The Steppingstone 5k.						
Al	All pledge amounts are tax-deductible.							
Thank you!								
	Name of Sponsor	Address, City, State & Zip	Phone Number	Pledge Amount				
1								
2								
3								
4								
5								
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			TOTALS					